STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

REFERRAL FOR SOCIAL SECURITY DISABILITY BENEFITS

MAILED TO:

SOCIAL SECURITY ADMINISTRATION (SSA) DISTRICT OFFICE	DATE MAILED
SSA District Office	

CLIENT'S NAME	IS CLIENT A CHILD? ☐ Yes ☐ No	SOCIAL SECURITY NUMBER
STREET ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)	DSHS CASE NUMBER
CITY STATE ZIP CODE	PARENT/GUARDIAN'S NAME	

DSHS STATUS

General Assistance (GA): ☐ Applicant ☐ Recipient

Temporary Assistance to Needy Families (TANF): ☐ Applicant

☐ Other (specify):

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS LETTER

INITIAL PACKET - ADULT CLAIM

- ☐ SSA-3368 Disability Report
- ☐ SSA-3370 Pain Report - Adult
- ☐ SSA-3373 Function Report - Adult

INITIAL PACKET - CHILD'S CLAIM

- ☐ SSA-3820 Disability Report
- ☐ SSA-337 Pain Report - Adult
- ☐ SSA-3371 Function Report - Adult

RECONSIDERATION PACKET

- ☐ SSA-561-U2 Request for Recon
- ☐ SSA-3441-F6 Disability Report
- ☐ SSA-827 Release of Information
- ☐ SSIF Personal Observations
- ☐ DSHS 01-187(X), ODI/CSO Communication Transmittal
- ☐ Medical Reports from DSHS file
- ☐ DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI
- ☐ Other:

APPEAL HEARING PACKET

- ☐ HA-501-U5 Request for Hearing
- ☐ HA-4486 Disability Report
- ☐ SSA-827 Release of Information
- ☐ DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI
- ☐ Medical Reports from DSHS file
- ☐ Other:

OTHER FORMS (BOTH ADULT AND CHILD)

- ☐ SSA-8001 Application for SSI
- ☐ SSA-16-F6 Application for SSDI
- ☐ SSA-3369 Work History Report
- ☐ SSA-827 Release of Information
- ☐ DSHS 01-187(X), ODI/CSO Communication Transmittal
- ☐ SSIF Personal Observations
- ☐ DSHS 18-235(X) Interim Assistance Reimbursement Agreement: Initial/Posteligibility SSI
- ☐ Medical Reports from DSHS file
- ☐ Other:

NOTES

TO: SSA CLAIMS REPRESENTATIVE

PLEASE SIGN AND RETURN THIS FORM AS VERIFICATION OF SSA AGENCY RECEIPT

- ☐ Forms checked above are in the packet (except for: _____)
- ☐ Interim Assistance Reimbursement Agreement is input into SSA computer
- ☐ Protected filing date for this claim is: _____

SSA CLAIMS REPRESENTATIVE'S SIGNATURE	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

COMMUNITY SERVICES OFFICE (CSO)	ZIP CODE
	WA
SUPPLEMENTAL SECURITY INCOME FACILITATOR'S (SSIF) NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)

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